U.S. Department of Layor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Officiar Use Only		
READ THE INSTRUCTIONS CAREFUL E	LY BEFORE PREPARING THIS REPORT.	
1. File Number U - 13/10	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Theresa J J Alderman	Name Michigan Education Association	
	Labor Organization File Number 512-840	
P.O. Box, Bldg., Room No., if any PO Box 2573	P.O. Box, Building and Room Number, if any PO Box 2573	
Street 1216 Kendale Blvd	Street 1216 Kendale Blvd	
City East Lansing	City East Lansing	
State Michigan ZIP Code + 4 48826-2573	State Michigan ZIP Code + 4 48826-2573	
5. Position in labor organization. Staff Attorney		
Enter appropriate data below If, during the past fiscal year, you or your spoi (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
P.O. Box, Bldg., Room No., if any		
The state of the s	7.b. Amount.	

Signature

ZIP Code + 4

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Theresa Cf Aldermen	On 08/15/2005 Date	517/337-5536 Telephone Number
Ab = AB.	from the second comments of the second on the second secon	Section of the sectio

Street

City

State

Name of Person Filing Theresa Alderman		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name		,	
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street A restrict design of the control of the con			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng. Billion hanns time time of a principal constructive constructive constructive and recovery. And acceptance, principle constructive	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	the of such dealing.	
City	12.a. Nature of interest hel	d or income received.	
State ZIP Code + 4			
	Annual and annual analogo and a timber though the group to ground a clear of a contract annual and in a clear of		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value. 14.a. Nature of payment.	M. Shoudy C25	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value. 14.a. Nature of payment. 01/13/04 Lunch w/ 05/21/04 Dinner w 06/02/04 Dinner w	/ J. Donahue \$50 / M. Shoudy in San Diego \$100	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value. 14.a. Nature of payment. 01/13/04 Lunch w/ 05/21/04 Dinner w 06/02/04 Dinner w 06/03/04 Dinner w 06/04/04 Dinner w	/ J. Donahue \$50	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name White, Schneider, Young & Chiodini, PC	r parts A and B above) or other thing of value. 14.a. Nature of payment. 01/13/04 Lunch w/ 05/21/04 Dinner w 06/02/04 Dinner w 06/03/04 Dinner w 06/04/04 Dinner w	/ J. Donahue \$50 / M. Shoudy in San Diego \$100 / firm in San Diego \$30 / M. Shoudy in San Diego \$100	
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or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name White, Schneider, Young & Chiodini, PC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2300 Jolly Oak Road	r parts A and B above) or other thing of value. 14.a. Nature of payment. 01/13/04 Lunch w/ 05/21/04 Dinner w 06/02/04 Dinner w 06/03/04 Dinner w 06/04/04 Dinner w 06/29/04 Lunch w/	/ J. Donahue \$50 / M. Shoudy in San Diego \$100 / firm in San Diego \$30 / M. Shoudy in San Diego \$100	

Name of Person Filing	Thoraca	Alderman
Training or Foreign I ming	THEFESA	Alderman

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name White, Schneider, Young & Chiodini, PC	CONT'D 09/25/04 Dinner & Show w/ M. Shoudy \$100 10/06/04 Lunch w/ Karen Schneider \$30
Trade Name, if any:	10/20/04 White Firm Reception \$20 11/04/04 Dinner & Show w/ M. Shoudy \$100
P.O. Box, Bldg., Room No., if any	
Street 2300 Jolly Oak Road	
City Okemos	
State Michigan ZIP Code + 4 48865	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$250
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Zausmer, Kaufman, August & Caldwell, PC	06/03/04 Dinner w/ firm in San Diego \$30
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street 31700 Middlebelt Road, Ste 150	
City Farmington Hills	
State Michigan ZIP Code + 4 48334	
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment. \$30
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Law Offices of Lee & Clark	06/03/04 Dinner w/ firm in San Diego \$30 11/22/04 Ofc tour & lunch w/ firm \$40 12/16/04 Holiday dinner with firm \$100
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 24901 Northwestern Highway, Ste 113	
City Southfield	
State Michigan ZIP Code +4 48075	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$170

Name of Person Filing	Theresa	Alderman
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File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant t	o an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	- Control of the cont
Name The Firestone Law Firm, PC	06/03/04 Dinner w/ firm in San Diego \$30 12/13/04 Holiday lunch with firm \$30 12/2004 Leather pocket notebook \$15	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street 30555 Southfield Road, Suite 530		
City Southfield		
State Michigan ZIP Code +4 48076		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	The first transfer and the second sec
or consultant		\$75
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Duby and Associates	12/10/04 Holiday dinner w/ firm	\$40
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2510 Kerry Street, Suit 210		
City Lansing		
State Michigan ZIP Code + 4 48912		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$40
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	kay and also kayan a garang a carana ana ana ana ana ana ana a kayan a kayana a sa garana a sa garana a sa ga
Name Kalniz, Iorio & Feldstein, PPA	06-16-04 Dinner w/ K. Durchik \$8 06/03/04 Dinner w/ firm in San D	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 4981 Cascade Rd. SE		
City Grand Rapids		man pyrota makada yiliya
State Michigan ZIP Code +4 49546		monental Nichtur 1 fm Co. at Fmontanamental proof 1 decompted and Fmontanamental assessment
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$110